

What is a generic drug?

Generic drugs are chemically equivalent to their brand name counterparts. Generic drugs offer substantial cost savings over brand name drugs. You pay the lowest co-pay when you select generic medications and you help to keep your healthcare costs and premiums from increasing.

What is formulary or preferred drug list?

A formulary or preferred drug list is a list of preferred brand name and generic drugs that can meet a participant's needs at a lower cost than other brand name drugs. There are drugs assigned to the formulary for each therapeutic drug class. The formulary list is updated regularly as new drugs come on the market. [Click here](#) to review the PDL, or contact Caremark by visiting www.caremark.com or by calling 1-800-722-2001.

What is the deductible for drug benefits?

There is a deductible of \$25 and a maximum family deductible of \$75 for prescription drugs. The deductible year runs January 1-December 31st. Each member must meet his or her deductible before the plan will begin picking up the balance of drug costs after the member makes his or her co-payment.

	Retail Program (For immediate drug needs or short-term medications) 30-day supply	Retail or Mail Service Program (For maintenance or long-term medications) 90-day supply
Generic	\$10	\$20
Formulary	\$20	\$40
Non-Formulary Brand Name	\$40	\$80

Utilization Management will be implemented to address appropriateness of therapies/treatment.

The City and CVS Caremark want to make sure that you are receiving the most appropriate and effective prescription therapies. To ensure your safety, a review process is in place to evaluate prescriptions that are filled through mail order service or at a participating retail pharmacy. Your physician may be contacted by a CVS Caremark pharmacist to discuss a current prescription. Your doctor may agree to change the medication, adjust the dosage, or alter the length of time you need to take the medicine. In all cases, your doctor has the final decision. The City has also implemented several utilization review programs such as Prior Authorization, Quantity Limits, Step Therapy, Voluntary Maintenance and Dispense as Written. A description of each is listed below:

- **Prior Authorization** – requires the physician to receive prior approval before specific drugs are filled by the pharmacy. Some may include ADHD and Narcolepsy drugs such as *Ambien, Temazepam, Zolpidem, and Adderall*.

- **Quantity Limits with Prior Authorization** – a limit is placed on a certain classification of drugs to prevent over use based on pharmaceutical guidelines. These will include Migraine Meds, Sedative/Hypnotics and Proton Pump Inhibitors such as *Lansoprazole, Nexium, Prevacid, Prilosec, Ondansetron, and Vagra*.
- **Step Therapy** – a Generic or Non-Formulary drug is required prior to prescribing Brand drugs such as *Celebrex*.
- **Voluntary Maintenance Choice** – After two prescriptions are purchased at retail, the prescription for maintenance drugs can be filled at pharmacies or mail-order at the mail order cost.
- **Dispense as Written** – Generic drugs will be dispensed unless it is a medical necessity. If the participant chooses to use Brand drugs, the participant will be charged the difference in generic cost and the cost of the brand drug.

If a prescription is denied, the Prior Authorization Process must be followed:

- 1) The physician must submit a Prior Authorization Form to CVS Caremark
- 2) The information must include the diagnosis, rationale for drug usage, and/or support for revised quantities
- 3) If the Prior Authorization is denied, you must follow CVS Caremark Appeals process

Who should I contact if I have questions about the prescription drug plan?

You may contact Caremark at 1-866-722-2001, Monday through Friday, 7am- 9pm (CST) or you can visit them online at www.caremark.com